

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										y/m/d/day		Inspection Type		Inspector		Fac Type											
1	2	3	T	N	0	0	7	1	0	3	0	11	12	13-11-13	17	18	S	19	S	20	2								
Remarks																													
21																													
Inspection Work Days				Facility Self-Monitoring Evaluation Rating								BI		QA		Reserved													
67				69								70		71		72		73		74		75							

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date A 1:10 11-13-2013	Permit Effective Date May 28, 2013
Aggregates U.S.A. (Riverbend) LLC Coy Stone & Concret Plant (Limestone) Jefferson, County NPDES TN0071030	Exit Time/Date D 2:15 11-13-2013	Permit Expiration Date May 27, 2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Steve Cooke, Superintendent 865-528-8005	Other Facility Data (e.g., SIC NAICS, and other descriptive information) No discharge was occurring at DMP 001. Site active at this time, all drainage from the affected treated according to the approved drainage plan.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Travis Paris, Geologist P.O. Box 2389Knoxville, TN 37901 865-573-7625	<div style="text-align: right;"> Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	


Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks 	WRM- SM 865-594-5548	11-13-2013
Bruce Ragon	WRM-SM 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date